STATE OF NEW YORK.

No. of corresponding entry in Register's Book of Deaths to be inserted there by the Registrar. 11

WEEK END

CERTIFICATE OF DEATH.

SEP 29 1888

REPORTED Ward 10

In the City of Buffalo, County of Erie

1. Full Name of Deceased (If no infant not named, give parent's name.) Nellie Jordan
2. Age 44 years ..... months ..... days. Sex Female Color (Race, if other than the white.)
3. ~~Single~~, Married, ~~Widowed~~ (Insert only words used or required in this line.) 4. Occupation None
5. Birthplace (and State or Country) U S (How long in the United States, if of foreign birth) (State or Country)
6. Father's Name and Birthplace U S (State or Country)
7. Mother's Name and Birthplace ~~U S~~ (State or Country)
8. Place of Death (If in Institution state the name) 803 7th Ave (How long resident here) (If dying away from home, give usual residence below)
9. Date and Hour of Death.—Died on the 24 day of Sept 1888
10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge, (Residence and residence of Reporter)
11. I hereby certify, That I have visited and examined into the circumstances attending the death of the above named person, and find that to the best of my knowledge and belief the cause of h[illegible] death was as hereunder written.

	Duration of Disease in Years. Months. Days or Hours.	
Chief and determining	Septicaemia	
Consecutive and Contributing		

Sanitary observations

Witness my hand, this 25 day of Sept 18 88 (Signature.) Edward J Smith M D

No. of Burial Permit 3995

Place of Burial Forest Lawn. 189 14th St

Date of Burial Sept 28 1888

Name and residence of Undertaker Crowley Bros

Should be certified by the head of the family or other responsible friend.

Certified by the Physician and according to Sec. 1, Chap. 519, Laws 1880.

N. B.—The Superintendent of Vital Statistics CAUTIONS ALL PERSONS against ALTERING or USING this Certificate for the purpose of delivering it for a Burial Permit and Registration.

38